



# Opioid Settlement Advisory Committee

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June 22, 2023



**RHODE  
ISLAND**

# Call to Order and Introductions

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**RHODE  
ISLAND**

# Where We Are Today

Select Expert  
and Community  
Representatives

Full  
Kick-Off  
Meeting

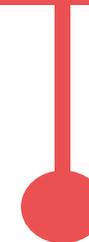
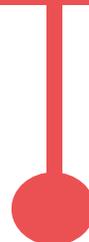
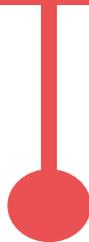
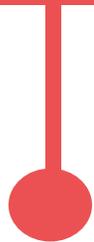
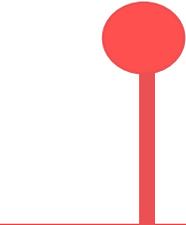
Committee  
Begins Funding  
Discussion

Refine  
Spending  
Priorities

EOHHS Reviews  
Recs and Begins  
Procurement

Pursue  
Ongoing  
Procurement

Elect New  
2-Year  
Term  
Positions



Member  
Nominations,  
Appoint Chair

EOHHS Requests  
Spending  
Authority

Review  
Community  
Needs

Engage with  
Community  
and Task Force

Submit  
Funding Recs  
to EOHHS

Begin Next  
Year Priorities  
to EOHHS

Repeat Cycle  
Aligned with  
Budget Prep

**SPRINT (March—June 2022)**

**10K RACE (July 2022—Oct 2022)**

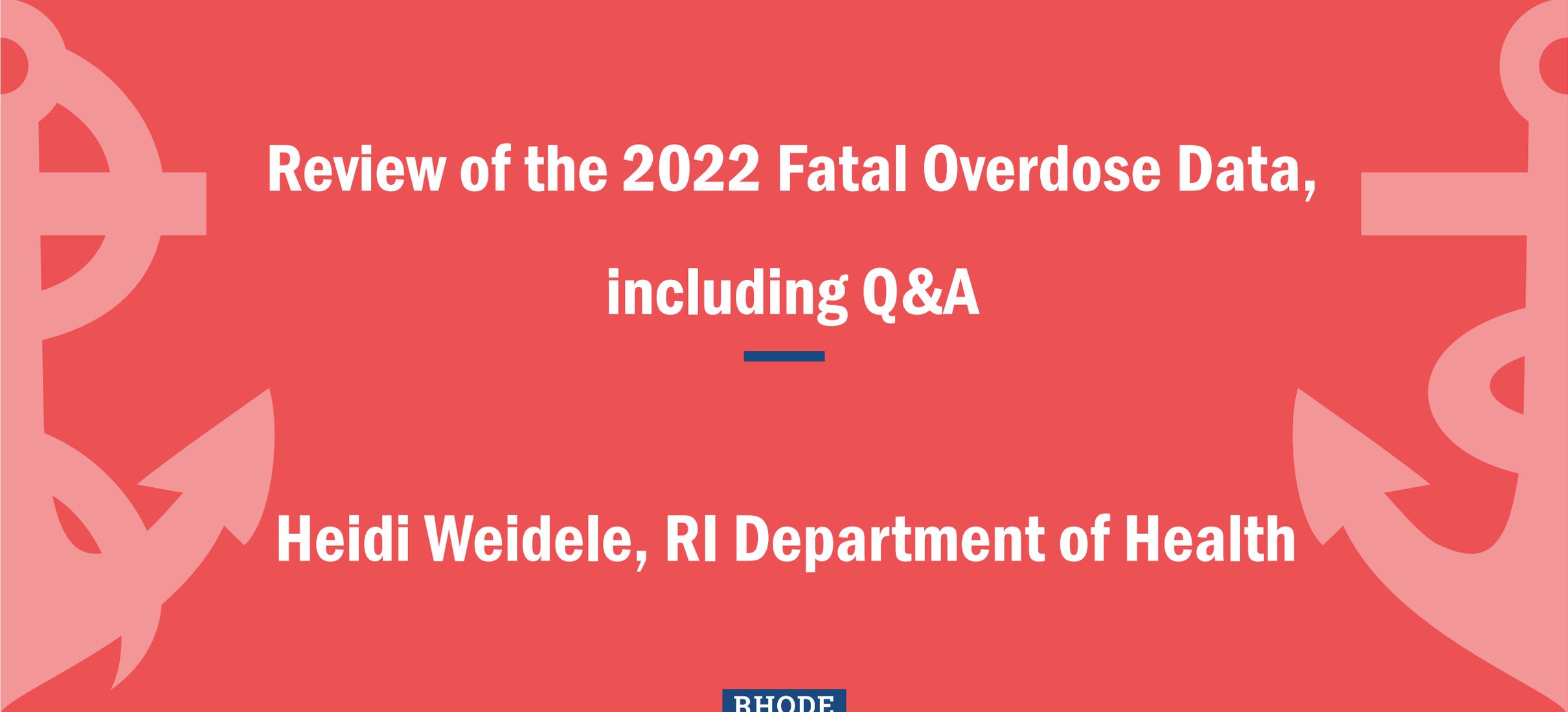
**MARATHON (17+ Yrs)**

# Our Meeting Agenda

1. Call to Order & Introductions
2. Review of the 2022 Fatal Overdose Data, including Q&A – RI Department of Health
3. Preparation for OSAC FY2025 Recommendation Process
  - a. Year-End Review of Opioid Settlement Project Funding and Timing
  - b. Public Comment
  - c. Presentation of the summaries of the Governor’s Overdose Task Force May 2023 Community Conversation Break-Out Discussions
  - d. Revisiting OSAC’s Racial Equity Discussion
  - e. Public Comment
5. Next Steps
  - a. Other OSAC Updates
  - b. Next Meeting - Wednesday, July 19, 2023 from 1 to 3 pm
6. Public Comment
7. Adjourn

EOHHS has developed this meeting agenda and its components to align with our core values of Choice, Voice, and Equity.





**Review of the 2022 Fatal Overdose Data,  
including Q&A**

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**Heidi Weidele, RI Department of Health**





# Data Update: Accidental Drug Overdose Deaths in Rhode Island January 1, 2022-December 31, 2022

**June 22, 2023**

**RI Opioid Settlement Advisory Committee**

**Today and every day, we honor  
our fellow Rhode Islanders whose  
lives were lost to an overdose.**



## **Office of State Medical Examiners (OSME) Data:**

January 1, 2022 to December 31, 2022

- General Data Trends
- Decedent Demographics
- Overdose Setting
- Substances Contributing to the Cause of Death
- Conclusions



# OSME Data

# How Does RIDOH Report on Fatal Drug Overdoses?



- RIDOH reports on drug overdose deaths using data from the OSME.
- The cause and manner of death are based on clinical judgment, experience, and consideration of the following:
  - Autopsy results
  - Toxicology testing
  - Scene investigation
  - Medical history
- RIDOH reports on drug overdose deaths whereby the manner of death is “Accident,” and does not include manners such as suicides, homicides, or undetermined deaths.

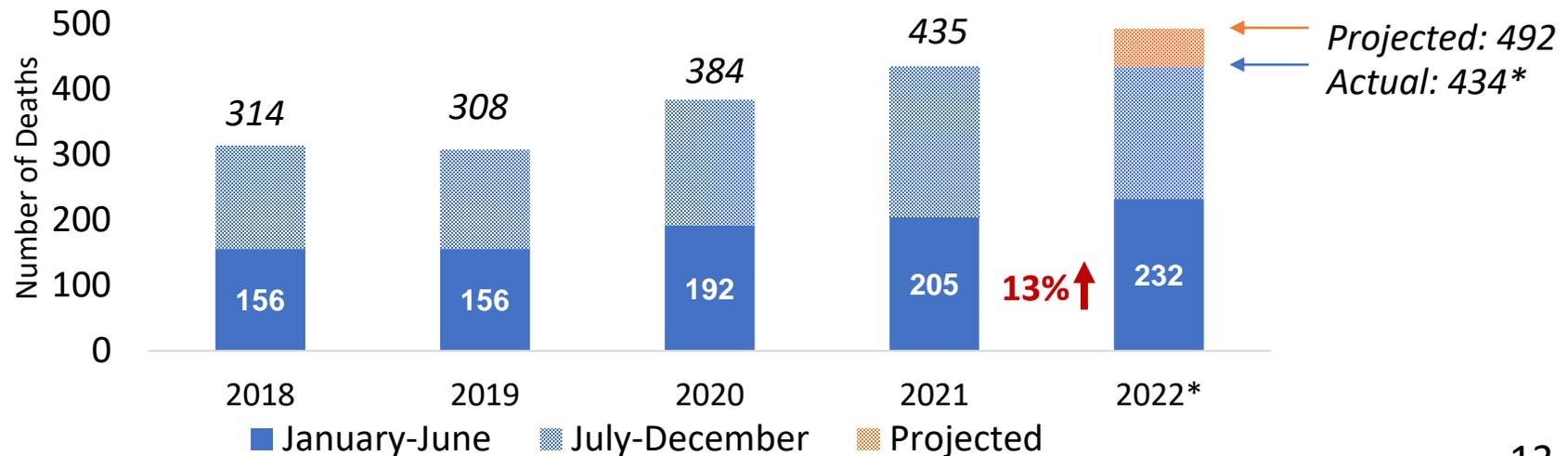
# General Data Trends

# Key Data Points: 2022 Fatal Overdoses



In 2022, **434\*** people lost their lives to an accidental drug overdose in Rhode Island.

In the **first six months of 2022** there was a **13% increase** in fatal overdoses compared to the same time period in 2021. Based on this trend, the total number of lives lost was **projected to be 492**.

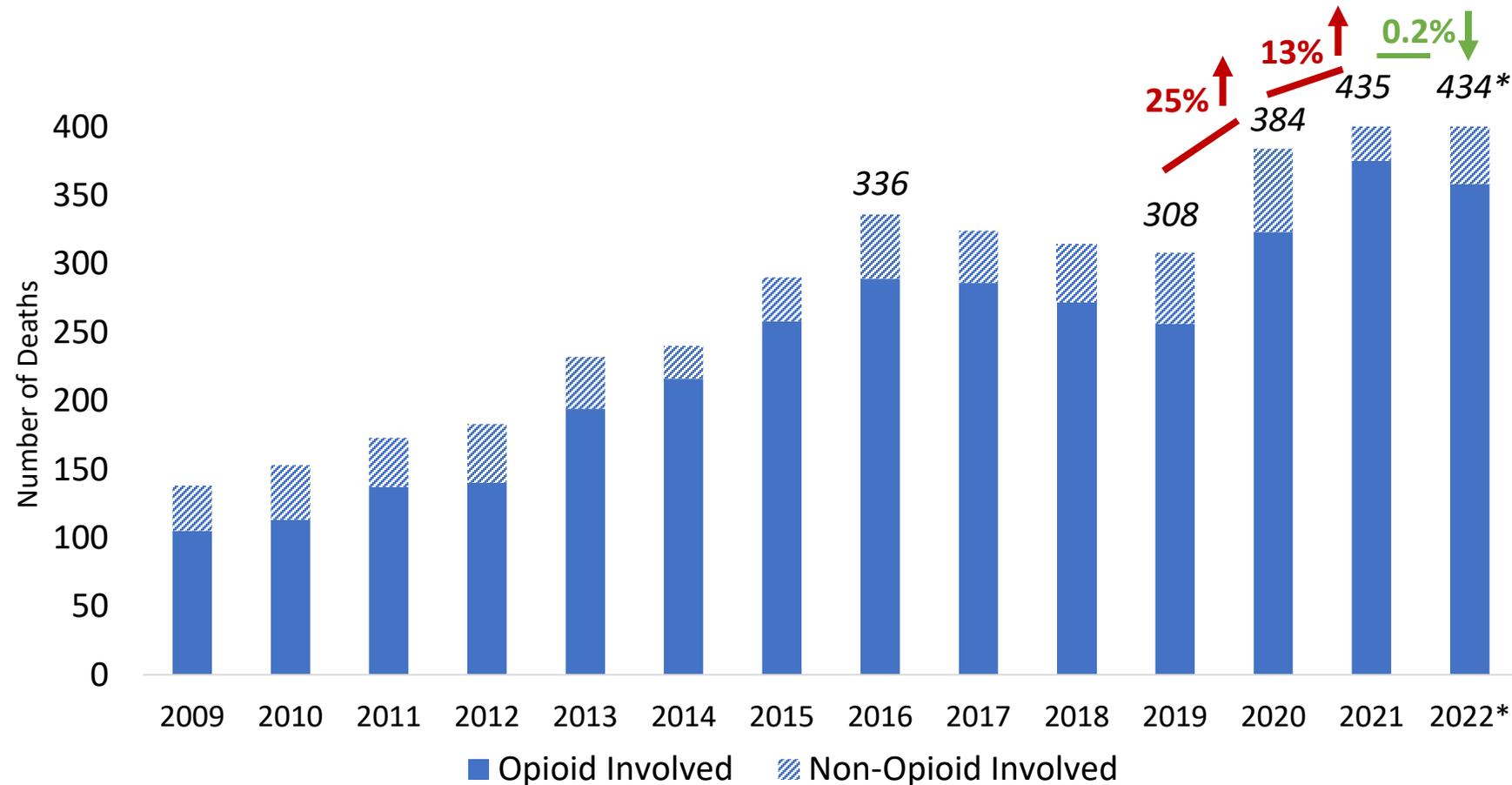


*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \* Indicates preliminary counts.  
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

# Fatal Overdoses in Rhode Island by Year 2009 to 2022

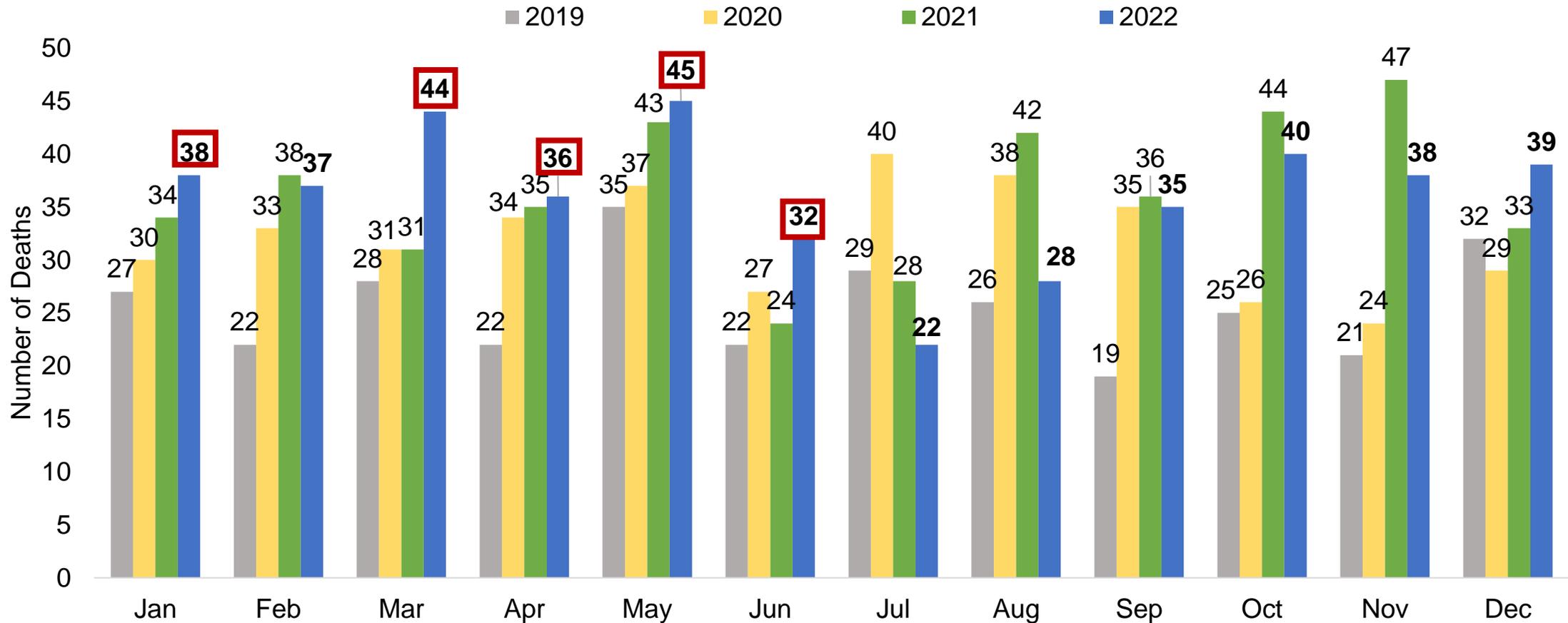


The current count of 2022 fatalities is **<1% lower** than 2021.



*Note:* Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \* Indicates preliminary counts.  
*Source:* Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.

# Fatal Overdoses in Rhode Island by Month 2019 to 2022



*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \* Indicates preliminary counts.  
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

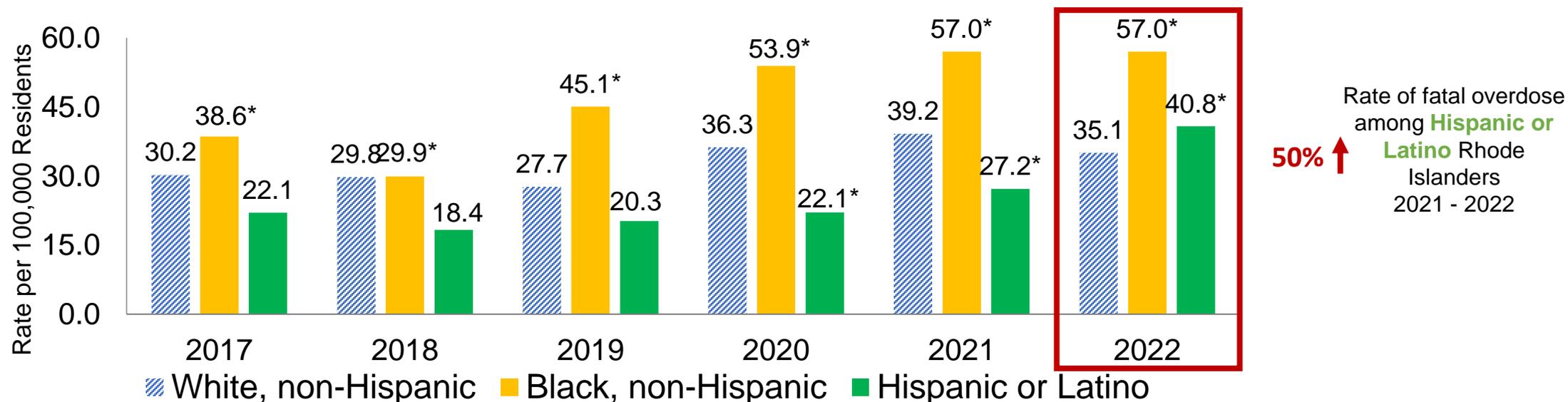
# Decedent Demographics

# Rates of Fatal Overdoses per 100,000 Residents by Race and Ethnicity, 2018-2022



**Non-Hispanic Black** individuals continue to experience the highest rate of fatal overdoses per population.

The rate of fatal overdose among **Hispanic or Latino** Rhode Islanders **increased significantly** in 2022.



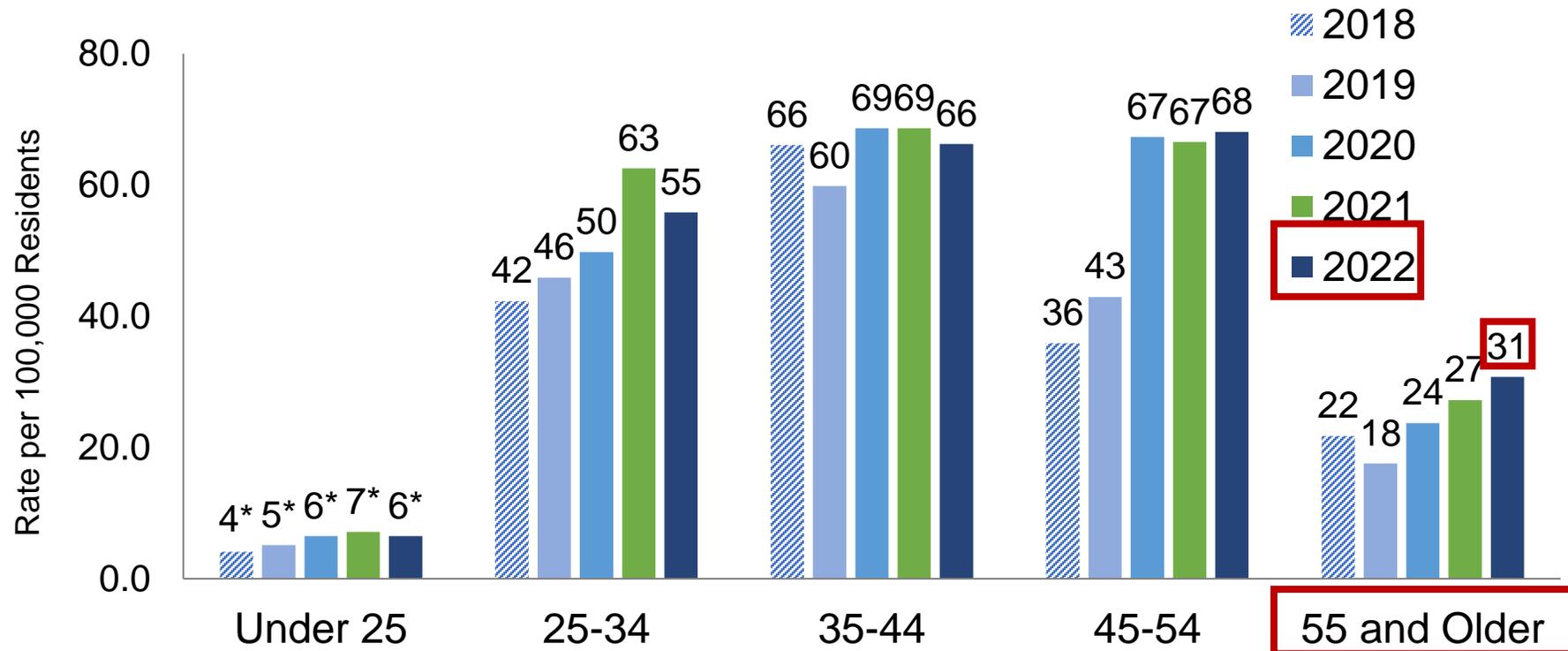
*Note: Due to RIDOH's Small Numbers Reporting Policy, rates of fatal overdoses among decedents of Asian or unknown race and ethnicity are not shown. Hispanic or Latino includes people who identify as any race. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Due to approximately 8% of deaths from 2018 to 2022 missing ethnicity or race, Hispanic deaths are undercounted. Population denominator based on CDC WONDER single-race population estimates for each year; 2020 estimate applied for 2021 and 2022 rates. Data are limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.

# Rate of Fatal Overdoses per 100,000 Residents by Age Category, 2018-2022



In **2022**, the overdose rates continue to **increase** among individuals **age 55 and older**. The rate of fatal overdose was **highest** among Rhode Islanders **age 45 to 54**.



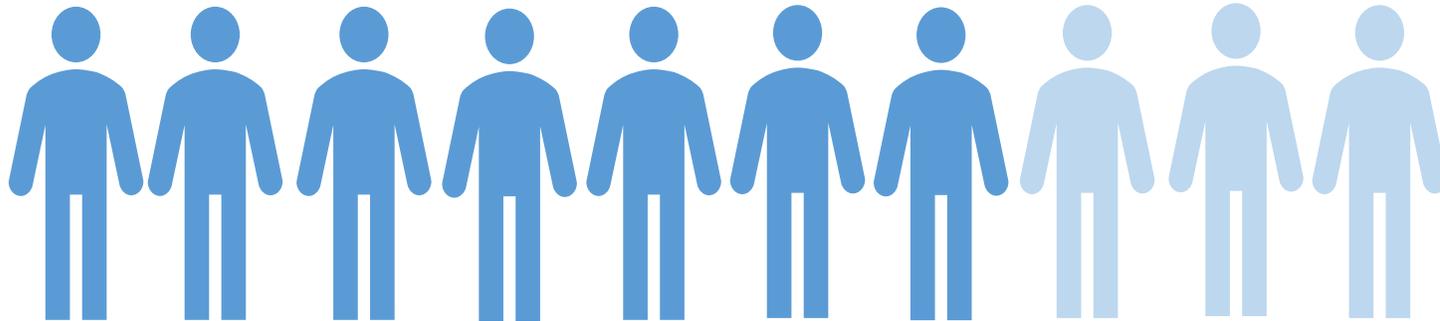
*Note: Population denominator based on CDC WONDER single-race population estimates for each year; 2020 estimate applied for 2021 and 2022 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Please use caution when interpreting rates marked by an asterisk.*

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

# Proportion of Fatal Overdoses by Sex January 1, 2022–December 31, 2022



Most individuals who died from a drug overdose were **male (72%, n=312\*)**, as categorized by the OSME.



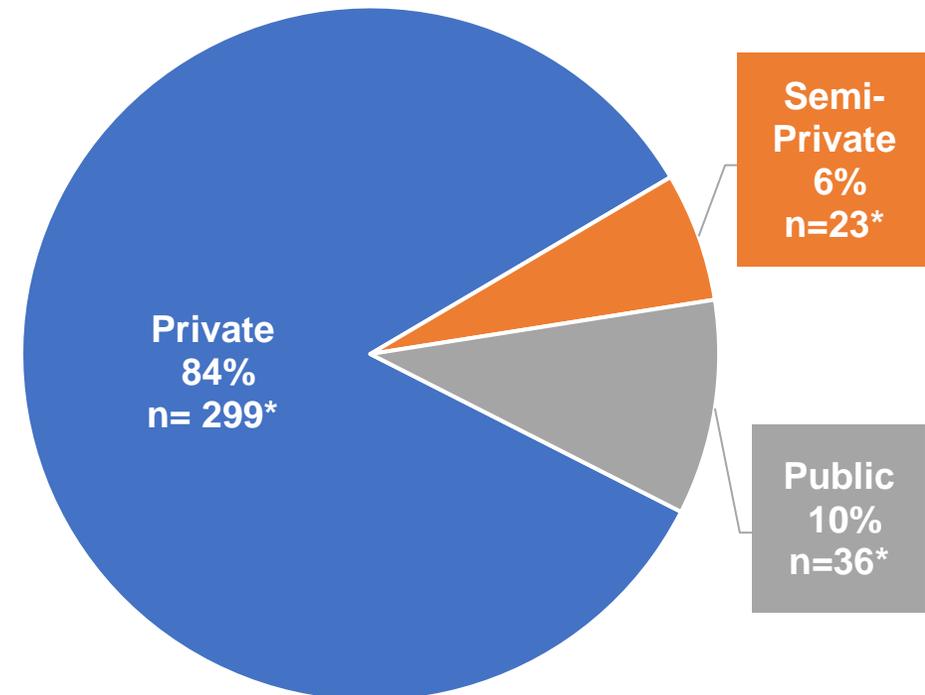
# Overdose Setting

# Types of Overdose Locations



The OSME collects information about the locations of fatal overdoses. These locations are classified as **Private**, **Semi-Private**, or **Public**. In 2022, **84%** of fatal overdoses occurred in **private settings**.

<b>Private</b>	Private residence, garage, camper
<b>Semi-Private</b>	Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing
<b>Public</b>	Business, parking lot, bar, sidewalk, wooded area, office, motorways/roads, cemetery, park, abandoned property, railroad tracks

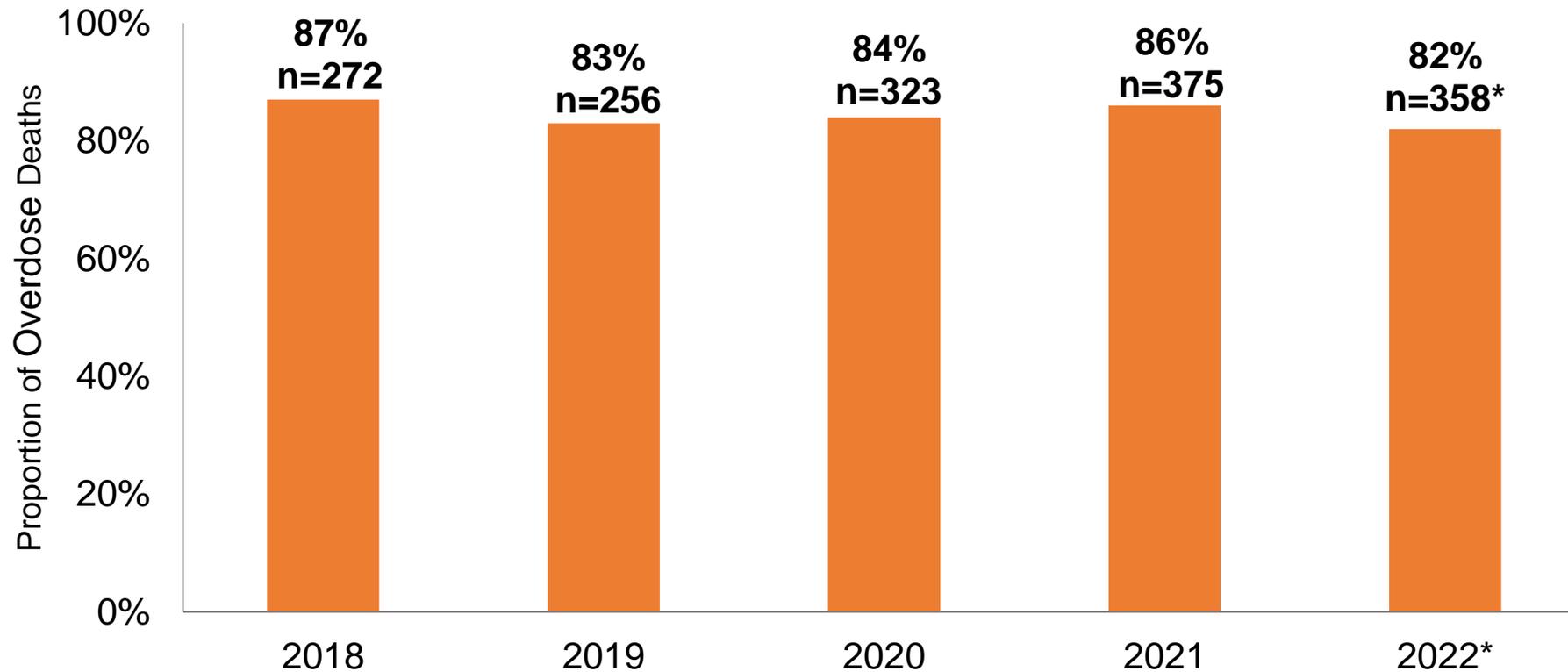


# Substances Contributing to the Cause of Death

# Opioid-Involved Fatal Overdoses January 2018–December 2022



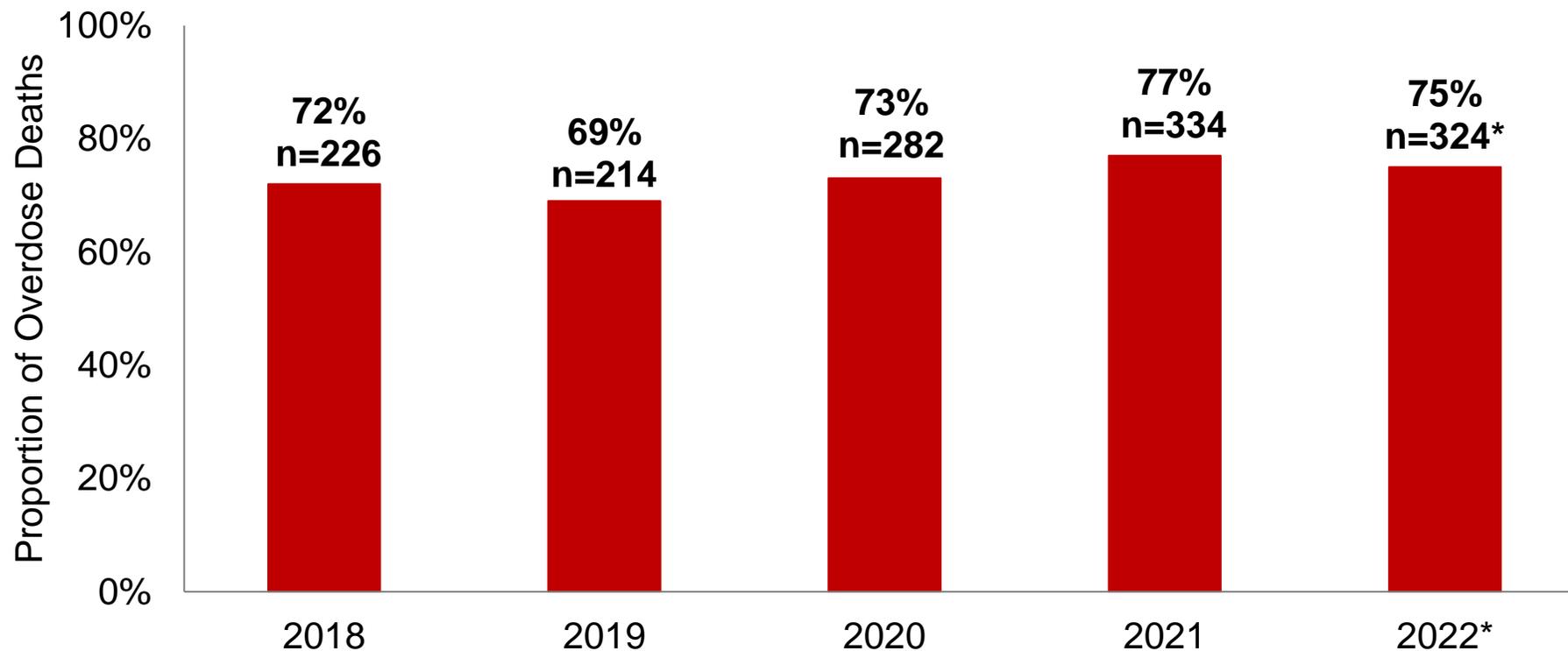
In 2022, **any opioid** (including fentanyl) contributed to approximately **8 out of 10** fatal overdoses.



# Fentanyl-Involved Fatal Overdoses January 2018–December 2022



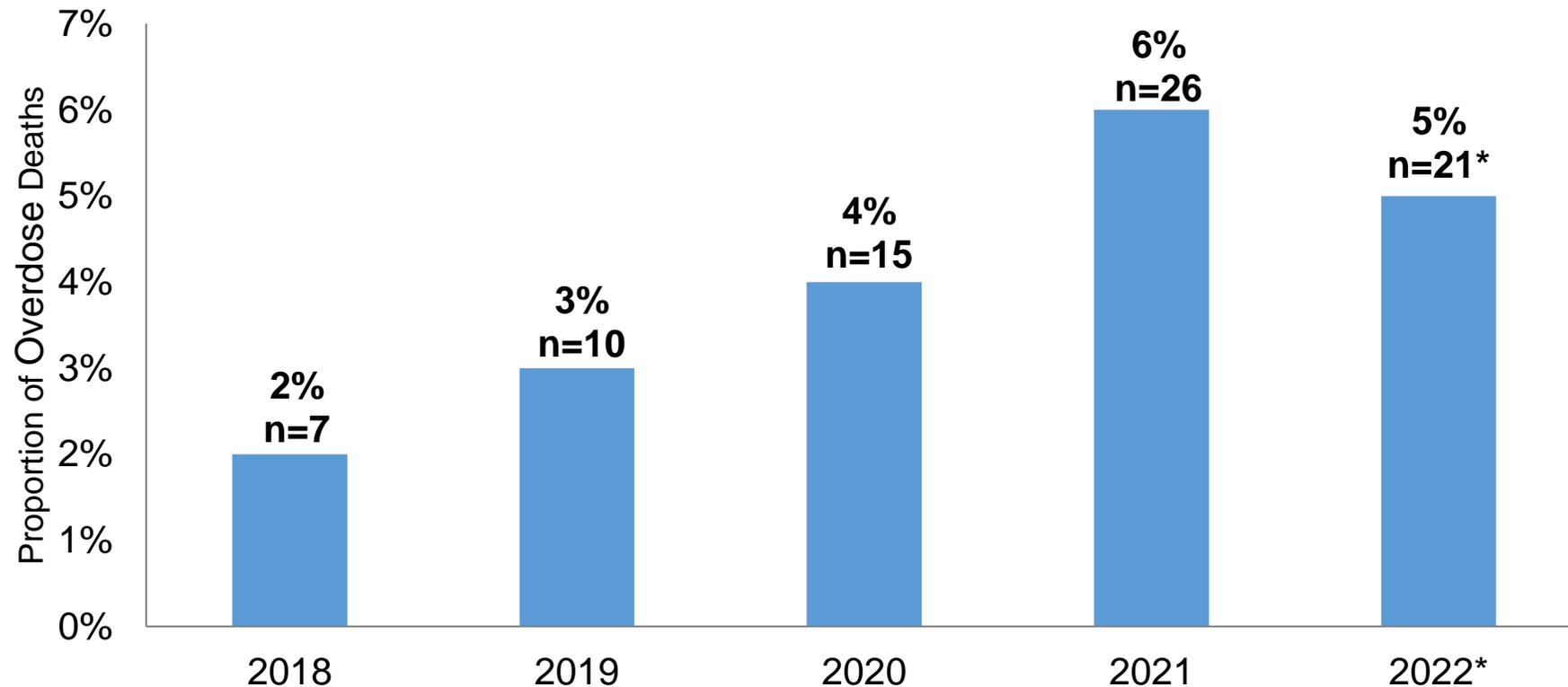
**Fentanyl** continues to drive fatal overdoses.  
In 2022, **fentanyl** contributed to **3 out of 4** fatal overdoses.



# Methamphetamine-Involved Fatal Overdoses January 2018–December 2022



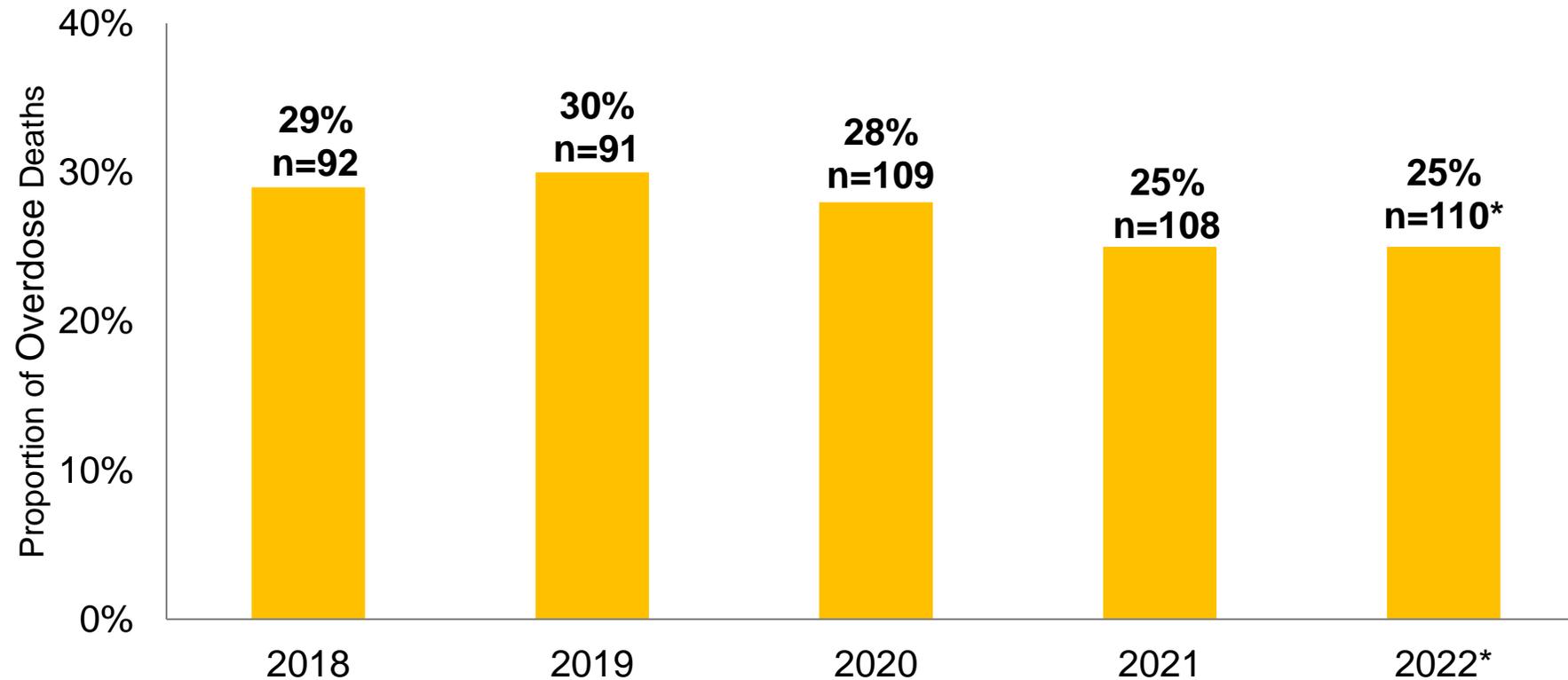
In 2022, **methamphetamine** contributed to **1 in 20** fatal overdoses.



# Alcohol-Involved Fatal Overdoses January 2018–December 2022



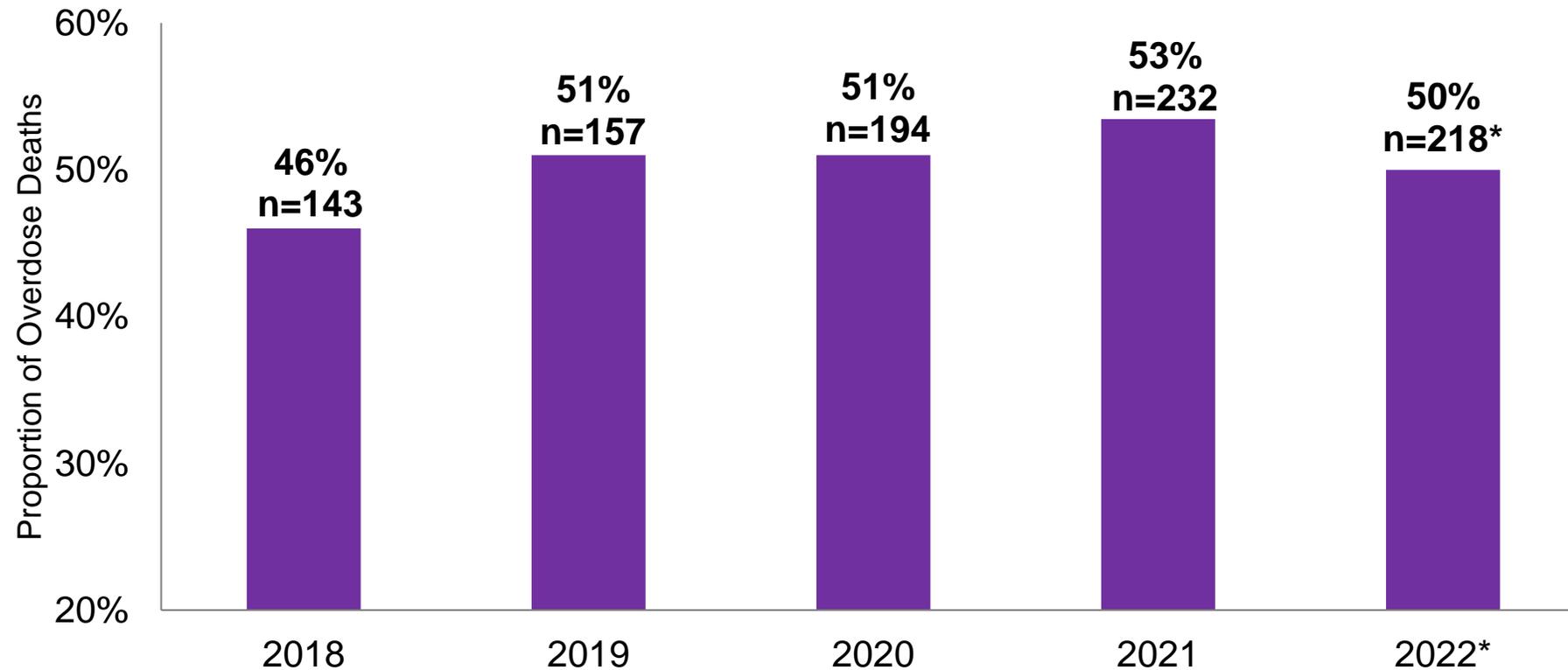
In 2022, **alcohol** contributed to **1 in 4** fatal overdoses.



# Cocaine-Involved Fatal Overdoses January 2018–December 2022



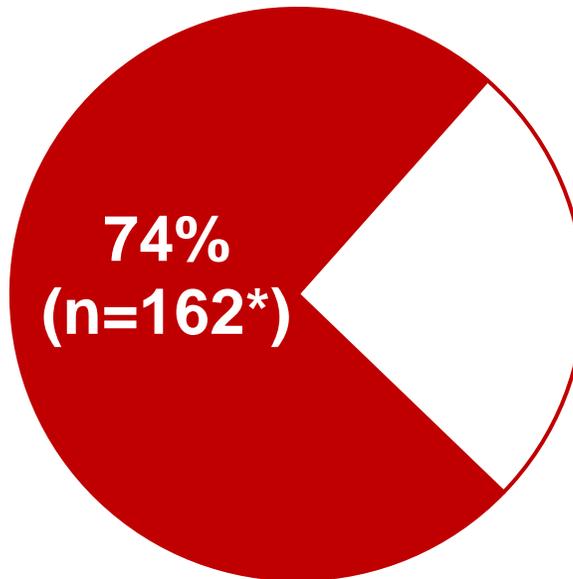
In 2022, **cocaine** contributed to **1 in 2** fatal overdoses.



# Cocaine-Involved Fatal Overdoses January 2022–December 2022



Last year, approximately **3 out of 4** people who died from a **cocaine-involved** overdose also had **fentanyl** contributing to their cause of death.



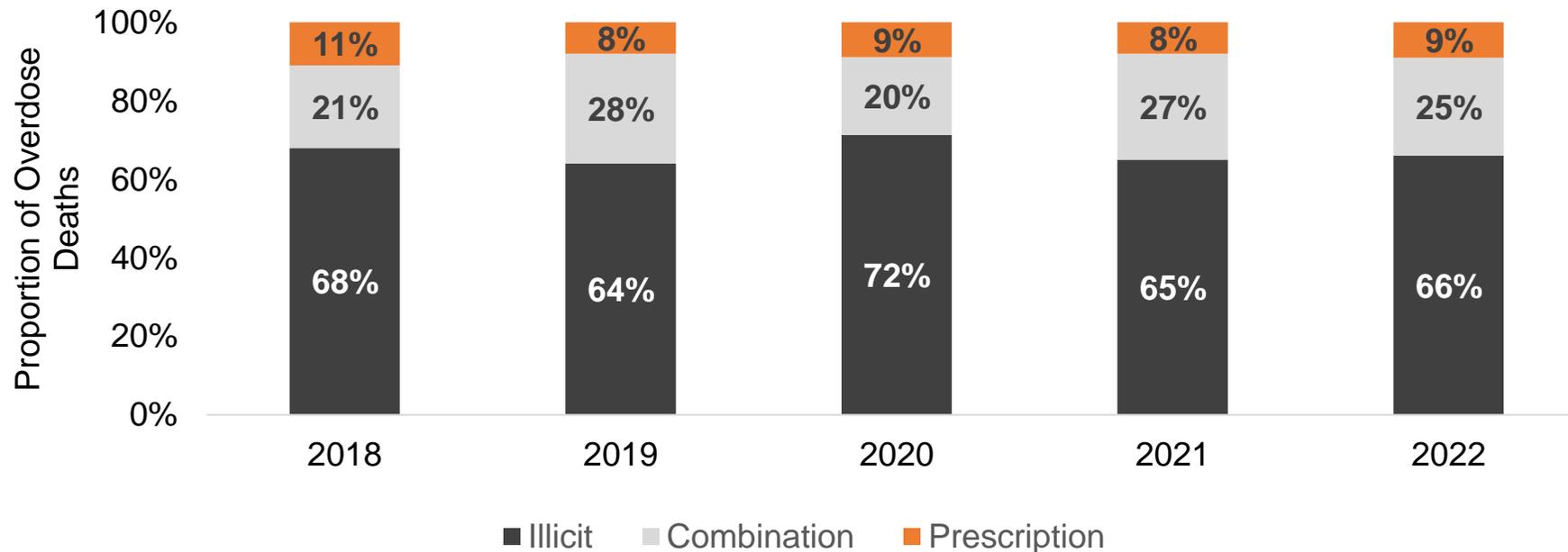
*Notes: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death. Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023. \*Indicates preliminary counts.*

# Substances Contributing to the Cause of Death January 2018–December 2022



**Illicit drugs continued to drive fatal overdoses in 2022. The majority (66%) of fatal overdoses involved illicit drugs only.**

The proportion of fatal overdoses involving only **prescription medications** has remained relatively stable since 2019.



*Note: Percentages may not add up to 100% due to rounding.*

*Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 1, 2023.*

# Conclusions

# Regional Comparisons 2021-2022



From 2021 to 2022, the change in fatal overdose counts (involving any drug) has varied among states in the Northeast region.

Maine*	13%	↑
Vermont §	8%	↑
New Hampshire†	6%	↑
Massachusetts*	4%	↑
Rhode Island	<1%	↓
New York*	2%	↓
Connecticut ±	4%	↓

Sources:

\* Centers for Disease Control and Prevention (CDC). Note: Numbers reflect projected increases in fatal overdoses reported to CDC. Counts may include deaths with all manners of death, including undetermined or intentional deaths.

§ Vermont Monthly Opioid Morbidity and Mortality Report

†New Hampshire 2022 Overdose Deaths Report

± Drug Overdose Deaths in Connecticut Data Dashboard, 2015 to 2023

# Data Highlights: January 2022-December 2022



- Fatal overdoses in Rhode Island involving any drug decreased by less than 1% compared to 2021.
- Individuals most impacted were:
  - Males
  - Rhode Islanders age 45 and older
  - Non-Hispanic Black Rhode Islanders
- There was a notable increase in the rate of fatal overdoses among Hispanic or Latino Rhode Islanders and Rhode Islanders age 55 and older.
- Most overdoses continued to occur in private settings (84%).
- Fentanyl continued to be involved in most fatal overdoses (75%).

# RIDOH Drug Overdose Surveillance Data Hub



For more information, visit RIDOH's [Drug Overdose Surveillance Data Hub](https://health.ri.gov/od-datahub) at [health.ri.gov/od-datahub](https://health.ri.gov/od-datahub)

- Fatal Overdose Information
- Data for Download
- Overdose Heat Maps
- Data Requests
- Other Substance Use Epidemiology Program Surveillance Systems



Biosurveillance



Emergency Department Visits



Emergency Medical Service Runs



Integrated Surveillance System



Naloxone Distribution



Overdose Fatalities



Prescription Drug Monitoring Program

For even more data and request naloxone, visit [PreventOverdoseRI.org](https://PreventOverdoseRI.org).

Questions?



Heidi Weidele, MPH

Lead Fatal Overdose Epidemiologist

Substance Use Epidemiology Program

Rhode Island Department of Health

[Heidi.Weidele@health.ri.gov](mailto:Heidi.Weidele@health.ri.gov)



# **Preparation for OSAC FY2025 Recommendation Process**

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**Year-End Review of Opioid Settlement  
Project Funding and Timing**

# OSAC Funding Report – as of 6.21.23

These are the FY23 dollars for the Social Determinants of Health Settlement Funding, and the estimated timing of that funding.

Tasks	Agency	Vendor	Amount Allocated	Amount Spent	Amount Remaining	2023				2024				2025				2026	
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>SOCIAL DETERMINANTS OF HEALTH</b>																			
First Responder/Peer Recovery Trauma Supports	EOHHS	In procurement planning	\$1,000,000		\$1,000,000														
Basic Needs Provision for High-Risk Clients	BHDDH & RIDOH	Multiple - 14 contracts between BHDDH and RIDOH	\$700,000	\$120,724	\$579,276														
<b>Housing Projects</b>	EOHHS & RI Housing																		
Recovery Housing	BHDDH	Awaiting procurement completion	\$100,000		\$100,000														
Additional Recovery Housing to be Procured	BHDDH	In Procurement Planning	\$650,000		\$650,000														
Medical Respite	EOHHS	Westbay Community Action	\$430,462		\$430,462														
Mobile Medical Respite - Wound Care	EOHHS	Westbay Community Action	\$96,030		\$96,030														
Other Housing Services, including Recovery Housing Incentives	EOHHS	In procurement planning	\$973,508		\$973,508														

Color Key for the Gantt Chart Lines:

FY23 Funds Allocated in One Year Contracts

FY23 Funds Allocated in Contracts Longer than one Year

Procurement Not Yet in Process

# OSAC Funding Report – as of 6.21.23

These are the FY23 dollars for the Harm Reduction Settlement Funding, and the estimated timing of that funding.

Tasks	Agency	Vendor	Amount Allocated	Amount Spent	Amount Remaining	2023				2024				2025				
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>HARM REDUCTION</b>																		
<b>Street Outreach</b>	RIDOH																	
Supporting Existing Street Outreach	RIDOH	Multiple - 4 contracts	\$500,000	\$280,292	\$219,708													
Adding New Outreach focused on BIPOC Communities	RIDOH	Awaiting procurement completion	\$1,000,000		\$1,000,000													
<b>Overdose Prevention Center</b>	EOHHS	Project Weber/RENEW	\$2,000,000	\$400,000	\$1,600,000													
<b>Harm Reduction Technology</b>	EOHHS	Brave Technology Coop	\$250,000	\$145,000	\$105,000													
<b>Alternative Post-Overdose Engagement</b>																		
Safe Landings	BHDDH	Awaiting procurement completion	\$350,000		\$350,000													
Community Overdose Engagement (CODE) Investments	RIDOH	Multiple - 3 contracts	\$400,000		\$400,000													

# OSAC Funding Report – as of 6.21.23

These are the FY23 dollars for the Treatment Settlement Funding, and the estimated timing of that funding.

Tasks	Agency	Vendor	Amount Allocated	Amount Spent	Amount Remaining	2023				2024				2025				
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
2 BIPOC Industry Workers and Chronic Pain Treatment & Prevention	EOHHS	Building Futures	\$500,000	\$60,000	\$440,000			[Bar spanning Q3 2023 to Q4 2023]										
3 <input type="checkbox"/> Bricks & Mortar Facility Investments	BHDDH																	
4 Residential Treatment Investments	BHDDH	Zinnia Health & Bridgemark Addiction Recovery Services	\$982,000		\$982,000				[Bar spanning Q1 2024 to Q4 2024]									
5 To be Procured	BHDDH	In procurement planning	\$218,000		\$218,000				[Bar spanning Q2 2024 to Q4 2024]									
3 Contingency Management	BHDDH	DynamiCare Health	\$300,000	\$50,000	\$250,000			[Bar spanning Q3 2023 to Q3 2024]										
7 Additional SUD Provider Investment for Treatment - Proposed Plan for Stimulant Use Disorder Treatment	BHDDH	In procurement planning	\$800,000		\$800,000				[Bar spanning Q2 2024 to Q4 2024]									

# OSAC Funding Report – as of 6.21.23

These are the FY23 dollars for the Recovery Settlement Funding, and the estimated timing of that funding.

Tasks	Agency	Vendor	Amount Allocated	Amount Spent	Amount Remaining	2023				2024				2025			
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
25	<b>RECOVERY</b>																
26	<b>Recovery Capital and Supports</b>																
27	Recovery Capital and Supports at Recovery Community Centers	BHDDH	\$200,000		200000												
28	Other Recovery Capital and Supports to be Procured	BHDDH	\$250,000		\$250,000												
29	Family Recovery Supports	BHDDH	\$450,000		\$450,000												
30	Substance-Exposed Newborns Investments	RIDOH	\$600,000	\$160,429	\$439,571												

# OSAC Funding Report – as of 6.21.23

These are the FY23 dollars for the Prevention Settlement Funding, and the estimated timing of that funding.

Tasks	Agency	Vendor	Amount Allocated	Amount Spent	Amount Remaining	2023				2024				2025			
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>PREVENTION</b>																	
Enhanced Surveillance Data/Data Analysis	RIDOH		\$620,000	\$382,239	\$237,761												
Communications - Translations & Interpretation	EOHHS	In process, with the EOHHS Communications Team	\$80,000	\$3,194	\$76,806												
Communications - Supporting PreventOverdoseRI.org	EOHHS	Awaiting procurement completion	\$300,000		\$300,000												
Investments in School-Based Mental Health	BHDDH	Coastline EAP	\$1,500,000	\$335,188	\$1,164,812												
Investment in Community-Based Mental Health	EOHHS	Multiple Grants through the Rhode Island Foundation	\$2,500,000	\$1,375,000	\$1,125,000												
<b>- Capacity Building</b>																	
Investments in Non-Profit Capacity Building - with the Rhode Island Foundation	EOHHS	Multiple Grants through the Rhode Island Foundation	\$750,000	\$750,000	\$0												
Non-Profit Technical Assistance to Vendors	EOHHS	Awaiting procurement completion	\$250,000		\$250,000												

# OSAC Funding Report – as of 6.21.23

These are the FY23 dollars for the Governance Settlement Funding, and the estimated timing of that funding.

Tasks	Agency	Vendor	Amount Allocated	Amount Spent	Amount Remaining	2023				2024				2025			
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>GOVERNANCE</b>																	
<input type="checkbox"/> Project Evaluation	EOHHS	Awaiting hiring - offers in process	\$500,000		\$500,000												
Proposed: Additional Race Equity Strategic Planning Support	TBD	In procurement planning	TBD														
<b>Staffing</b>	EOHHS	Hiring	\$250,000	\$165,740	\$84,260												
<input type="checkbox"/> Emergency Response Set-Aside																	
Warming Stations	EOHHS	Multiple Contracts	\$200,000	\$35,000	\$165,000												
Building Futures & Brave Additional Needs	EOHHS	Awaiting procurement completion	\$65,000		\$65,000												
CPR Training for Providers/Zylazine Response	BHDDH	Substance Use and Mental Health Leadership Council	\$66,392		\$66,392												
Additional Emergency Dollars - proposals to be allocated potentially including dental services.	EOHHS	In procurement planning	\$168,608		\$168,608												

# Breakout Summaries from May 2023 Community Conversations

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Cathy Schultz, MPH

Director of Governor Dan McKee's Overdose Task Force  
Executive Office of Health and Human Services

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# Task Force Strategies

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- To end the overdose crisis
- Ensure racial equity is embedded across all pillars: Prevention, Rescue/Harm Reduction, Treatment, and Recovery
- Improve lives and uplift community voices
- Use data to drive change
- Build connections to care

*The Task Force remains committed to addressing the root causes of overdose, including the socioeconomic factors that influence health.*

# Feedback from the May Governor's Task Force Meeting

The May 10<sup>th</sup> Governor's Task Force meeting offered Task Force members, expert advisors, and community members an opportunity to participate in a virtual community conversation on overdose and prevention priorities and policies. There were seven breakout sessions and this presentation features highlights from discussions on the following topics:

1. Racial Equity
2. Emerging Response to Changing Epidemic
3. Social Determinants of Health (SDOH) – Topics Other Than Housing
4. Social Determinants of Health (SDOH) – Housing
5. Communication and Prevention
6. Harm Reduction and Rescue
7. Treatment and Recovery

# Key Takeaways

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Racial Equity - Continue to address racial inequities across the continuum

- Invest in stimulant use treatment with safe housing options
- Sustain racial equity work: continue to fund the racial equity strategic planning by the Racial Equity Work Group, to fulfill the commitment by all work groups and the Task Force to adopt recommendations and strategies that embed racial equity in all work

Emerging Issues – Ensure emergency resources are available on demand to pivot

- Sustain emergency response fund to address changing drug supply
  - Drug supply continues to evolve – xylazine (non-opioid) and now nitazene (potent opioid)
  - Increase/sustain drug testing – and add portable options (in mobile vans)
  - Address wound care needs including education around xylazine and outreach by wound care specialists

# Key Takeaways

Social Determinants of Health (SDOH) – Continue to address housing, employment, oral health, transportation, etc.

- Safe, affordable housing for ALL
  - Review and/or conduct cost-benefit analysis of Housing First practices (use of emergency departments, recidivism into ACI, residential treatment)
  - Increase housing stabilization providers that can deliver housing stabilization services (this is Medicaid reimbursable)
  - Invest in alternate housing for people who have a reoccurrence; harm reduction-focused housing (Housing First)
  - Invest in incentives for landlords, recovery house owners, subsidies to ensure safe, low-barrier housing is available for ALL
- Ensure access to oral health, both preventive care and reconstructive - Anti-stigma and education around medications for opioid use disorder (MOUD) for providers
- Provide care packages for people new in recovery housing or apartment: food, furnishings, toiletries, etc.

# Key Takeaways

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## Communications

- Focus targeted media campaigns for specific populations: pregnant people, adolescents
- Invest in prevention education and communications that address stigma, racial inequities, overdose, addiction, and strategies for increasing resiliency

## Prevention

- Continue to invest in and expand student assistance counselors in middle and high schools
- Increase drug take back opportunities by using a mailer option
- Increase focus on children exposed to trauma
- Increase after-school, mentorship, and leadership development programs for youth and young adults – including suicide prevention
- Address anxiety disorders and self-medicating with an open registry for treatment providers
- Discuss the impact of adult-use cannabis legalization on prevention efforts

# Key Takeaways

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## Harm Reduction and Rescue

- Sustain and increase investment in harm reduction infrastructure:
  - Sustain naloxone accessibility and hub
  - Sustain and increase harm reduction tool hub and people who use drugs advisory committee resources
  - Continue to support the Overdose Prevention Center
  - Sustain needle exchange and drug user health services
  - Continue to place 24/7 access to harm reduction tools through vending machines, including at the ACI
  - Sustain targeted, data-informed mobile outreach projects

# Key Takeaways

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## Treatment

- Improve racial equity in treatment
  - Expand faith-based community through The Imani Project and other outreach efforts
  - Sustain outreach and treatment for BIPOC workers
  - Increase treatment workforce diversity and cultural competency
- Expand education and decrease stigma in the treatment setting
  - Support more education and research around xylazine and accessible CPR trainings for providers with xylazine education
  - Increase training in addiction medicine (fellowships)
  - Improve coordination and education to primary care offices and providers

# Key Takeaways

Recovery - Increase investment in recovery including support for workforce and recovery capital for members

- Ensure recovery housing sustainability
- Address workforce traumas and burn-out
- Provide additional workforce supports – Certified Peer Recovery Specialist (CPRS) trainings, trauma-informed supports and supervisor trainings
- Support a continuously updated resource hub across all pillars to ensure available options are shared with programs and the people that are using them

Policy – Support bold policy changes:

- Advocate for policy changes, decriminalization, housing shortage, etc.
- Pilot "safe supply" best practice used successfully in other countries

# Revisiting OSAC's Racial Equity Discussion

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# Discussion: Racial Equity Recommendations

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The Committee will discuss an updated version of a Proposed Path Forward to Operationalize Equity, with recommendations in the following areas:

1. Ensuring Transparency
2. Using Strong, Equity-Focused Recommendation Processes
3. Carrying out Equitable Procurement
4. Offering Capacity Building and Technical Assistance
5. Ensuring Shared and Equitable Communications and Expectations
6. Carrying Out a Strong Implementation Plan

# Next Steps and Updates

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# Public Comment



# Next Meetings

**Wednesday, July 19, 2023 from 1 to 3 pm**

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Carrie Bridges Feliz, Co-Chair, OSAC

# Upcoming Meeting Dates

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All meetings scheduled at EOHHS, 3 West Road, Cranston from 1 – 3 pm

- Wednesday July 19, 2023
- Thursday August 24, 2023
- Wednesday, September 20, 2023

# THANK YOU

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## **Opioid Settlement Advisory Committee Chairperson:**

Carrie Bridges Feliz, MPH  
Vice President, Community Health and Equity  
Lifespan  
335R Prairie Avenue, Suite 2B | Providence, RI 02905  
Phone: 401-444-8009  
[cbridgesfeliz@lifespan.org](mailto:cbridgesfeliz@lifespan.org)

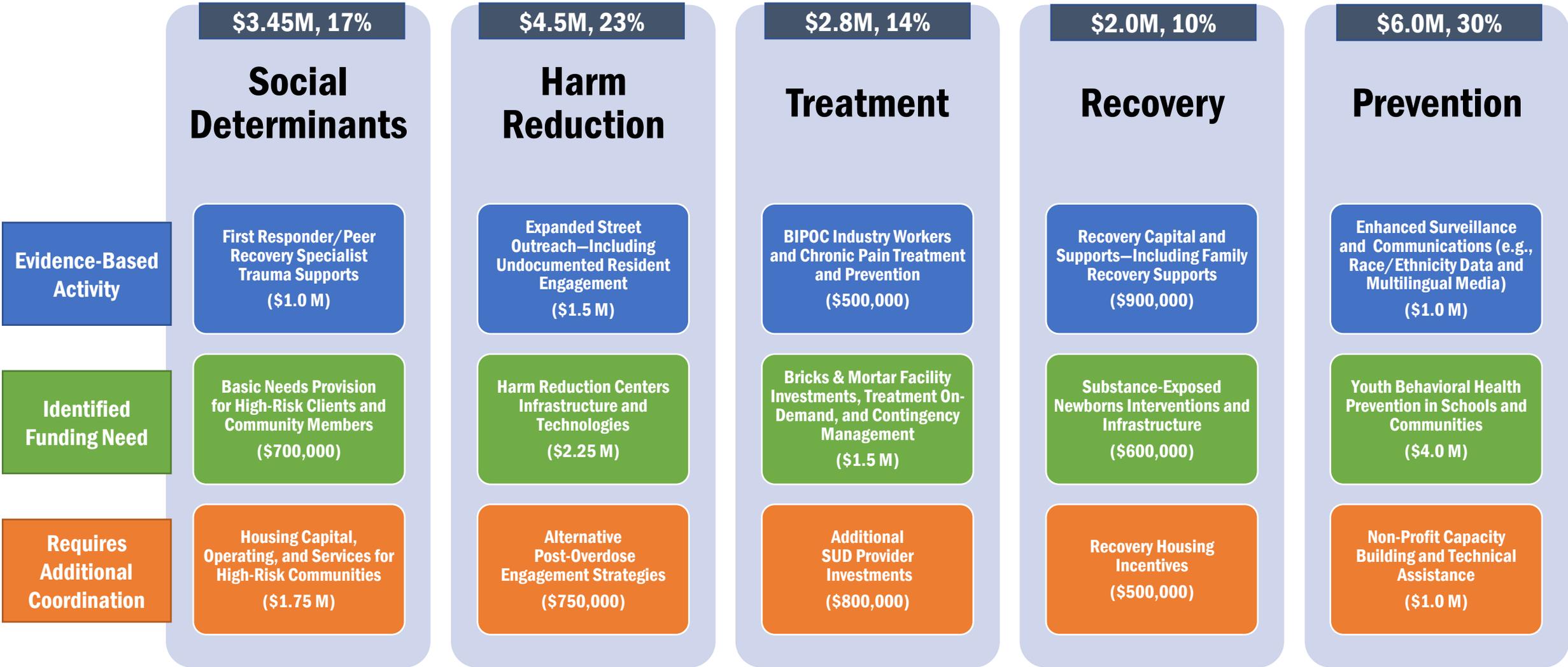
**RHODE  
ISLAND**

# Appendix

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# Opioid Settlement Advisory Committee: State Fiscal Year 2023 Funding Recommendations

\$18.75M Allocated below + \$1.25M for Governance = \$20M Total



# SFY 2024 Funding Recommendations: Accepted by Secretary Novais

**Gold = Treatment**

**Red = Program Administration**

**Light Grey = Prevention**

**Dark Grey = Recovery**

**Light Blue = Harm Reduction**

**Dark Blue = Social Determinants of Health**

FY 24 NEW PROJECTS		FY 23/24 SUSTAINABILITY		FY 24 RESPONSE/ADMIN	
<b>\$2,600,000 (25%)</b>		<b>\$6,070,000 (59%)</b>		<b>\$1,600,000 (16%)</b>	
<b>SUD Residential and Workforce Support*</b>	<b>\$600,000</b>	<b>Housing and Recovery Housing/Supports</b>	<b>\$2,620,000</b>	<b>Emergency Response</b>	<b>\$500,000</b>
<b>BIPOC Youth Development</b>	<b>\$800,000</b>	<b>Youth Prevention Programming</b>	<b>\$1,150,000</b>	<b>Program Administration</b>	<b>\$600,000</b>
<b>Drop-In Center for Drug User Health*</b>	<b>\$150,000</b>	<b>Harm Reduction Center and Treatment Capacity</b>	<b>\$1,250,000</b>	<b>Project Evaluation</b>	<b>\$500,000</b>
<b>Naloxone Distribution Infrastructure*</b>	<b>\$500,000</b>	<b>Expanded Street Outreach</b>	<b>\$1,050,000</b>		
<b>Undocumented and Uninsured MAT Coverage*</b>	<b>\$550,000</b>				

# Guiding Principles for Decision-Making

To guide decisions for use of these funds, the Committee agreed to:

<b>Spend money to save lives.</b>	It may be tempting to use the dollars to fill holes in existing budgets rather than expand needed programs, but the Committee should use the funds to add to rather than replace existing spending.
<b>Use evidence to guide spending.</b>	At this point in the overdose epidemic, researchers, clinicians, and community partners have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
<b>Invest in youth prevention.</b>	Support children, youth, and families by making long-term investments in effective programs and strategies for community change.
<b>Focus on racial equity.</b>	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other
<b>Develop a fair and transparent process for funding recommendations.</b>	This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.
<b>Consider future sustainability in all recommendations.</b>	Although there may be some on-time funding recommendations, the Committee should consider the financial sustainability of all investments and try to plan for investments that can be sustained long-term.

*\*The first five items are paraphrased and summarized from the Johns Hopkins' "The Principles To Guide Jurisdictions In The Use Of Funds From The Opioid Litigation, We Encourage The Adoption Of Five Guiding Principles".*

# Reminder: Consensus-Building Approach

## The Opioid Settlement Advisory Committee will be using a Modified Consensus-Building Approach.

Recommendations will be reviewed, discussion will be held, and intermittent polls for consensus using the cards shown will be taken. Once modified consensus is achieved, a motion for a vote will be requested, as will a second.



### **THUMBS UP:**

- Strongly agree with the proposal at hand as initially presented.
- No questions or concerns remaining and fully ready to vote.



### **THUMBS SIDWAYS:**

- Can live with the proposal at hand as initially presented and/or modified.
- Limited questions or concerns remaining and generally ready to vote.



### **THUMBS DOWN:**

- Cannot live with the proposal at hand as initially presented and/or modified.
- Several questions or concerns remaining and not ready to vote.



### **NO THUMBS:**

- Abstaining from vote (e.g., potential conflict, no preference)